

**UNITED STATES DISTRICT COURT FOR THE
DISTRICT OF NEW JERSEY**

IN RE: JOHNSON & JOHNSON TALCUM POWDER PRODUCTS MARKETING, SALES PRACTICES, AND PRODUCTS LIABILITY LITIGATION	MDL NO. 2738 (FLW) (LHG)
THIS DOCUMENT RELATES TO: SHARON LEE STEPHANSEN, Plaintiff, v. JOHNSON & JOHNSON, et. al. Defendants	Case No. 3:17-md-10136-FLW-LHG

SUGGESTION OF DEATH

Counsel for Plaintiff in the above-referenced action hereby gives notice of the death of Plaintiff Sharon Lee Stephansen. Ms. Stephansen passed away on December 2, 2017. Counsel was not made aware of Decedent's death until approximately May 2020.

By way of the Motion to Substitute Parties in accordance with Rule 25(a) of the Federal Rules of Civil Procedure, Jennifer VanDerveer, Jerome Michael Stephansen, Jessica Stephansen, and Brian Scott Messer, Plaintiff's surviving heirs at law, will immediately request to be substituted in this action as Plaintiffs and

Successors in Interest on Behalf of the Estate so that Sharon Lee Stephansen's claims survive and the action on her behalf may proceed.

Attached hereto as Exhibit "A" is a true and correct copy of the Death Certificate for Sharon Lee Stephansen.

Dated: October 21, 2020

Respectfully Submitted,

MORRIS LAW FIRM

By: /s/ James A. Morris, Jr.
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EXHIBIT “A”

STATE OF TENNESSEE
Office of Vital Records

**TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH**

STATE FILE NUMBER 2017 114613

DECEASED		1. DECEASED'S LEGAL NAME SHARON LEE STEPHANSEN				2. SEX FEMALE		3. DATE OF DEATH 12/02/2017	
TYPE PRINT PERMANENT BLACK INK		4. TIME OF DEATH (AM/PM) 12:47 PM		5a. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes		6. DATE OF BIRTH 09/19/1942	
PARENTS		7. BIRTHPLACE VANCOUVER, WASHINGTON							
DISPOSITION		8a. PLACE OF DEATH NURSING HOME/LONG TERM CARE		8c. CITY OR TOWN KNOXVILLE		8d. COUNTY OF DEATH KNOX			
REGISTRAR		9. MARITAL STATUS WIDOWED		10. SURVIVING SPOUSE (name prior to first marriage)		11a. DECEASED'S USUAL OCCUPATION HOMEMAKER		11b. KIND OF BUSINESS/INDUSTRY OWN HOME	
CERTIFIER		12. SOCIAL SECURITY NUMBER 361-34-6014		13a. RESIDENCE-STATE OR FOREIGN COUNTRY TENNESSEE		13b. COUNTY KNOX		13c. CITY OR TOWN KNOXVILLE	
MEDICAL CERTIFICATION		13d. STREET AND NUMBER 5037 LYONS VIEW PIKE		13e. INSIDE CITY LIMITS? YES		13f. ZIP CODE 37919		14. WAS DECEASED EVER IN US ARMED FORCES? NO	
PHYSICIAN OR MEDICAL EXAMINER EXAMINING CAUSES OF DEATH COMPLETE AND SIGN WITHIN 48 HOURS		15. DECEASED'S EDUCATION HIGH SCHOOL GRADUATE OR GED COMPLETED		16. DECEASED OF HISPANIC ORIGIN? NO, NOT SPANISH/HISPANIC/LATINO		17. DECEASED'S RACE WHITE			
20. INFORMANT'S NAME JEROME MICHAEL STEPHANSEN, JR.		20b. RELATIONSHIP TO DECEASED SON		20c. MAILING ADDRESS 1300 HOLMOUTH LANE, KNOXVILLE, TENNESSEE 37914					
21a. METHOD OF DISPOSITION CREMATION		21b. PLACE OF DISPOSITION EAST TENNESSEE CREMATION COMPANY		21c. LOCATION MARYVILLE, TENNESSEE					
22a. SIGNATURE OF FUNERAL DIRECTOR ► JAMES A SAFRICK		22b. LICENSE NUMBER 5069		22c. SIGNATURE OF EMBALMER ►		22d. LICENSE NUMBER 1084			
23a. NAME AND ADDRESS OF FUNERAL HOME CREMATION OPTIONS, INC., P.O. BOX 31721, KNOXVILLE, TENNESSEE 37930-1721									
24. REGISTRAR'S SIGNATURE ► LORI FERRANTI		25. DATE FILED 12/06/2017							
26. CERTIFIED		26a. PHYSICIAN - TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE DATE, TIME, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED. 26b. MEDICAL EXAMINER - ON THE BASIS OF EXAMINATION, AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE DATE, TIME, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED.		27c. DATE SIGNED 12/04/2017					
► CYNTHIA PEARMAN		27b. LICENSE NUMBER 034071							
27d. NAME AND ADDRESS CYNTHIA PEARMAN UNIVERSITY OF TENNESSEE HOSPICE 4435 VALLEY VIEW DRIVE SUITE 104A, KNOXVILLE, TENNESSEE 37917									
28. PART I ENTER THE CHAIN OF EVENTS (DISEASES, INJURIES, OR COMPLICATIONS) THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VASCULAR OBSTRUCTION WITHOUT SHOWING THE ETIOLOGY. ENTER ONLY ONE CAUSE OR ALIVE.		29. APPROXIMATE INTERVAL GIVEN TO DEATH							
IMMEDIATE CAUSE (local disease or condition resulting in death). Sequentially list conditions, events, and/or diseases that contributed to the death. ► b. METASTATIC OVARIAN CANCER		30. DUE TO (OR A CONSEQUENCE OF)							
► c. b. METASTATIC OVARIAN CANCER		31. DUE TO (OR A CONSEQUENCE OF)							
► d. b. METASTATIC OVARIAN CANCER		32. DUE TO (OR A CONSEQUENCE OF)							
PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I		33a. WAS AN AUTOPSY PERFORMED? NO							
33. MANNER OF DEATH NATURAL		33b. IF TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN		33c. IF FEMALE? NOT PREGNANT WITHIN PAST YEAR					
33d. IF TRANSPORTATION INJURY, SPECIFY:		34a. DATE OF INJURY		34b. TIME OF INJURY		34c. INJURY AT WORK?		34d. PLACE OF INJURY	
		34e. DESCRIBE HOW INJURY OCCURRED		34f. LOCATION OF INJURY					

PH-1059 (Rev. 8/2017)

RDA 10112

I hereby certify the above to be a true and correct representation of the record or document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Tennessee Department of Health. Alteration or erasure voids this certification. Reproduction of this document is prohibited.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977

Edward G. Bishop III
State RegistrarLisa Piercy, MD, MBA, FAAP
Commissioner1 2 2 0 0 9 / 1 7
Date Issued: Aug 04 2020

CERTIFICATION OF VITAL RECORD

CERTIFICATE OF SERVICE

I hereby certify that on October 21, 2020, the above and foregoing
Suggestion of Death was filed electronically and is available to viewing through
the Court's electronic filing system. A true and correct copy has been served upon
all counsel of record via the Court's ECF system.

/s/ James A. Morris, Jr.
JAMES A. MORRIS, JR.